

For Agency Use Only: Date Received \_\_\_\_\_ Certification Number \_\_\_\_\_ Expires \_\_\_\_\_ Photo \_\_\_\_\_  
CI1 \_\_\_\_\_ date \_\_\_\_\_ In1 \_\_\_\_\_ date \_\_\_\_\_ CI2 \_\_\_\_\_ date \_\_\_\_\_ In2 \_\_\_\_\_ date \_\_\_\_\_ CI3 \_\_\_\_\_ date \_\_\_\_\_ In3 \_\_\_\_\_ date \_\_\_\_\_

## APPLICATION FOR CERTIFICATION MISSISSIPPI UNDERGROUND STORAGE TANK PROGRAM

I hereby make application for certification as required by the Mississippi Underground Storage Tank Act and the Underground Storage Tank Regulations for the Certification of Persons Who Install, Alter, & Remove Underground Storage Tanks (USTs). In making this application I certify that I am at least 18 years of age.

**PRINT CLEARLY OR TYPE.**

Name of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Company Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Company Email \_\_\_\_\_ Licensee Email \_\_\_\_\_

### TYPE OF CERTIFICATION (Check only one.)

\_\_\_\_ Certification to install, alter, and remove (permanently close) UST systems: Certified Installation Contractor

\_\_\_\_ Certification to **ONLY** remove (permanently close) UST systems: Certified Removal Contractor

### EDUCATION REQUIREMENTS

Only Mississippi Department of Environmental Quality (MDEQ) approved course work will be accepted.

**Certification to install, alter, and remove USTs:** 8 hours of installation related course work **AND** 8 hours of closure related course work. Attach course completion certificates.

**Certification to only remove USTs:** 8 hours of closure related course work. Attach course completion certificate.

	Course Name	Course Date	Credit Hours
1.	_____	_____	_____
2.	_____	_____	_____

### CERTIFICATE OF FINANCIAL RESPONSIBILITY

**Check One:** \_\_\_\_ I have **OR** \_\_\_\_ My employer has

#### Check One Below:

\_\_\_\_ A contractor's general liability insurance policy of at least \$50,000 that expires on \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year) is attached or is on file with the Mississippi Department of Environmental Quality (MDEQ). A 30- or 60-day cancellation notice is written on the certificate of insurance and a copy of the insurance certificate is attached. The certificate of insurance must list MDEQ as the certificate holder. Also attached is a letter from my employer confirming my full-time employment.

\_\_\_\_ A certificate of responsibility from the Mississippi Board of Contractors that expires on \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year). A current certificate of responsibility and a letter from my employer confirming my full-time employment are attached.

\_\_\_\_ My certification restricts me to **only** work on tanks owned by me or my employer; therefore, I do not have to provide proof of financial responsibility.

I certify that the information given above is true and correct to the best of my knowledge and further understand that if any of the above information is found to be incorrect, I will not be considered for certification.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_